Medical audit

Framework

1. What is audit?
2. What is medical audit?
3. Why audit?
4. Audit versus research
5. The quality cycle
6. Stages of medical audit

**Audit:**

Evaluation of data, documents and resources to check performance of systems meets specified standards. Audit in the wider sense is simply a tool to find out what you do now; this often to be compared with what you have done in the past, or what you think you may wish to do in the future.

**Medical audit:**

A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. It involves assessing current performance against set standards and hence, in contrast to research, does not generate new knowledge. An audit is a cyclical process which consists of defining standards, collecting data, identifying areas for improvement, making necessary changes and back ground to defining new standards.

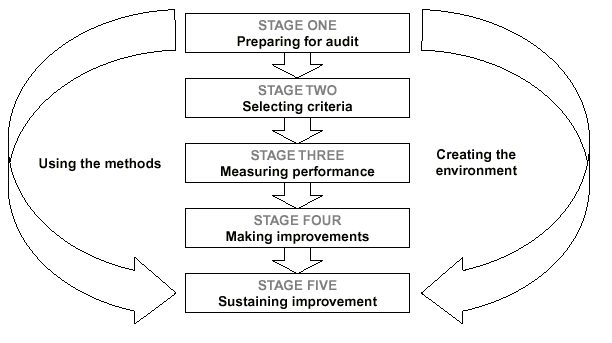
**Reasons for doing audit:**

1. Maintain participant and staff safety (Audit helps us to answer the question, are we doing the best thing in the best way )
2. Maintain data quality (It uses research evidence to assess existing practice)
3. Protect reputation of staff, host and sponsorer
4. Protect current and future funding
5. Improve quality( to improve patient care)
6. It does not involve experiments
7. It uses data that already exists

**Audit vs Research**

|  |  |  |
| --- | --- | --- |
| **Srno.** | **Audit** | **Research** |
| **1** | best thing to do/the best way to do it | best thing to do/the best way to do it |
| **2** | Measures current practice against specific standards | Provides sound basis for medical audit |
| **3** | Never experimental | Involves experimental trials |
| **4** | Uses data in existence by virtue of practice | Uses detailed data collection |
| **5** | May require ethical approval | Needs ethical approval and registration |
| **6** | Aims to improve delivery of patient care | Aims to add to body of scientific knowledge |

**Five stages of clinical audit**



**Stage 1: Preparing for audit**

* Involving users -The focus of any audit project must be those receiving care. Users can be genuine collaborators, rather than merely sources of data.

The concerns of users can be identified from various sources, including:  
--Letters containing comments or complaints   
--Critical incident reports   
--Individual patients’ stories or feedback from focus groups   
--Direct observation of care   
--Direct conversations

Where users are involved in this way, careful thought needs to be given to issues of access, preparation and support .

* **Selecting a topic**- Selecting a topic for audit this is the starting point for many quality improvement initiative . It requires careful thought and planning, because any medical audit project needs a significant investment of resources. There seems little point in trying to audit a rare condition, with a cheap intervention with a fairly superficial outcome.

For setting, the priority about the topic of the medical audit following question should be asked**:**

1. Is the topic concerned of high cost, or risk to staff or users?
2. Is there evidence of a serious quality problem, for example patient complaints or high complication rates?
3. Is there potential for involvement in a national audit project or pertinent to national policy initiatives?
4. Is the topic a priority for the organisation?
5. Is good evidence available to inform standards, for example systematic reviews or national clinical guidelines?

* **Defining the purpose**

A project without clear objectives cannot achieve anything.

A clear sense of purpose must be established before appropriate methods for audit can be considered.

Once the topic for a medical audit project has been selected, therefore, the purpose of the project must be defined, so that a suitable audit method can be chosen.

The following series of verbs may be useful in defining the aims of an audit   
 to improve   
 to enhance  
 to increase  
 to change  
 to ensure

* **Planning :**

Involve all the involve people

Time and resources

Access the evidence

Methodology

Pilot

Report and Action

Re-audit

Data collection instrument

All these should be documented.

**Stage 2: Selection criteria**

* **Defining criteria**:

Criteria are used to assess the quality of care provided by an individual, a team, or an organisation.This can include assessment of the process and/or outcome of care.

The choice depends on the topic and objectives of the audit. Explicit rather than implicit criteria should be preferred. They should relate to important aspects of care and be measurable.

* **Sources of evidence**: Systematic methods should be used to derive criteria from evidence.

These include methods for deriving criteria from good-quality guidelines or from reviews of the evidence. This is the most difficult & critical part, and time consuming, but it does get easier with practice. Developing such criteria can require expertise. An alternative is to use criteria developed by people who were trained in the processes of evaluating evidence from the literature and grading criteria by strength of evidence. If research evidence confirms that clinical care processes have an influence on outcome, measurement of the process of care is generally more sensitive and provides a direct measure of the quality of care.

Measurement of outcome can be used to identify problems in care, provided outcomes are clear, influenced by process, and occur within a short period. There is insufficient evidence to determine whether it is necessary to set target levels of performance in audit. However, reference to levels achieved in audits undertaken by other professionals is useful.

Can develop own standards. Important to obtain everyone's agreement over the standards selected.

**Methods of data collection:**

1. Computer stored data
2. Case notes/Medical Records
3. Surveys
4. Questionnaires
5. Interviews
6. Focus Groups
7. Prospective recording of specific data

Do not try to collect too many items – focus on the things that are important and that you are wanting to improve;  
-KEEP IT SIMPLE!  
Do not try to run before you can walk.  
Do a pilot and analyse.  
-KEEP IT SHORT  
A small sample of carefully collected data will usually tell more than a large amount of poor quality data.  
How will this be done? (Computer software or manually)  
-Compare performance against the criteria  
-Keep focused on the objective of the audit

**Handling data:**

Health service professionals must be aware of the ethical implications of and their responsibilities under the Data Protection Act (1998) when collecting data and presenting results.

**Stage 4: Making improvements:**

* **Identifying barriers to change :**

Fear ,Lack of understanding, Low morale, Poor communication, Culture, Consensus not gained

* **Implementing change :** A systematic approach to implementation appears to be more effective. Such an approach includes the identification of local barriers to change, the support of teamwork, and the use of a variety of specific methods.

That include

* Discuss the results with those likely to be affected
* Agree an Action Plan
* Clearly define – who is doing what
* Check progress
* Produce report and disseminate
* Share findings and changes in practice

**Stage 5: Sustaining improvement**

* **Monitoring and evaluation:**
* Although improving performance is the primary goal of an audit, sustaining that improvement is also essential. Indeed, any systematic approach to changing professional practice should include plans to:

-monitor and evaluate the change

-maintain and reinforce the change **.**

* **Re-audit:**

1. Review evidence
2. Measure effectiveness
3. Decide how often to re-audit
4. Ongoing process monitoring
5. Adverse incidents
6. Significant events audit

* **Maintaining and reinforcing improvement:**

Common factors

* reinforcing or motivating factors built in by the management to support the continual cycle of quality improvement
* integration of audit into the organisation’s wider quality improvement systems
* Strong leadership.

References

1. Francis C. Hospital administration selected reading in hospital administration: New Delhi: India Hospital Association Delhi; Jan 1990.
2. George M. The Hospital Administration. New Delhi: Jaypee; 2003.
3. Srinivasan A. Managing modern hospital by Medical audit and its administrations. New Delhi\London: Response books. 2005
4. Sarkharkar B, Principles of hospital administration and planning. Jaypee brothers medical publishers.1999.
5. World Health Organization. Medical record documentation audit instructions[online].Available from <URL:http://www.who.int.medical> audit